

Licensed Exemption Contact Associates

Name of Licensee: _____

A contact name and **all requested information must be provided** for each of the following categories.

Complaints

Name and Title Phone # and Ext. #

E-mail address Fax #

Mailing address

License Renewal

Name and Title Phone # and Ext. #

E-mail address Fax #

Mailing address

Public Contact

Name and Title Phone # and Ext. #

E-mail address Fax #

Mailing address